UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.30/Add.1
10 July 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session
16-19 September 1996
Item 3 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Pacific island countries

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of the Pacific island countries for the period 1997 to 2001 in the amount of $7,000,000 from general resources, subject to the availability of funds, and $14,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

The Pacific island countries include Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Solomon Islands, Tuvalu, Tokelau, Tonga, Vanuatu and Western Samoa.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. The Pacific island programme covers 13 countries (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Western Samoa) with a total population of 1,782,000.

2. Of the 13 countries, 11 have ratified the Convention on the Rights of the Child and the remaining two are far advanced in the ratification process. Four countries have presented reports to the Committee on the Rights of the Child, which has highlighted the need for improved monitoring of child rights. Monitoring processes as a whole are weak in these countries; data are not available and/or disaggregated, which makes trend analysis difficult.

3. The Pacific island countries have achieved the mid-decade goals and are on track to achieve the goals for the decade. Of the 33 goals specified as Pacific goals for children, 3 related to health and education have largely been achieved; 16 can be achieved with effort; 8 will be further assessed once the monitoring system is improved; and 6, including those for nutrition, women's health and sanitation, remain a challenge.

4. Problems of survival still threaten women and children under five years of age in some countries. The infant mortality rate ranges from 12 per 1,000 live births in Niue to 65 in Kiribati. There is a wider range of under-five mortality rates, from 12 per 1,000 live births in Niue to 92 in Kiribati. Major causes of under-five mortality are diarrhoea and acute respiratory infections (ARI), which are probably related to severe vitamin A deficiency, which ranges from 8 to 20 per cent. The contribution of protein-energy malnutrition to under-five mortality is significant. Persistent low coverage of safe drinking water and access to sanitation contribute to both mortality and morbidity. Although immunization coverage is almost universal, there are large gaps in other types of service coverage, e.g. control of ARI and control of diarrhoea disease (CDD).

5. The maternal mortality rate is high in some countries: 549 per 100,000 live births in Solomon Islands and 127 in Kiribati. Knowledge of the causes is incomplete, but contributing factors include inadequate child spacing, anaemia, malaria and lack of access to safe delivery systems.

6. A United Nations inter-agency report on the potential socio-economic impact of HIV/AIDS in the Pacific, coordinated by UNICEF, highlighted the risk of an epidemic unless more widespread, sustainable prevention and promotion activities are undertaken. The prevalence of sexually transmitted diseases (STDs) is already high, especially among young people.

7. School enrolment rates range from 56 per cent in Solomon Islands to between 90 and 100 per cent in most other countries. A regional study of 25,000 9- to 10-year-old children in 10 Pacific countries indicated unexpectedly low results, and raises concern among educational planners about the quality of education. Reported high levels of adult literacy are being questioned, having often been based on school attendance rather than literacy skills. There are inadequate data on primary school completion rates.

8. A combination of poor teaching skills, disinterested parents, low government spending, lack of resources, poor communication between educational authorities, parents and students, and isolated schools contribute to the current problems in children's learning.

9. Early child care and education are strongly supported by communities in the region. However, the quality of care and teaching in a mushrooming preschool sector remains a concern because of the lack of trained preschool care personnel; management skills and capacity to develop learning resources from locally available materials; and standards and guidelines for facilities and curricula.

10. The introduction of cash economies in many countries has caused some social strains among families and island communities, including the need to adjust to urbanization, more marked social and economic inequities and the emergence of urban and peri-urban poverty.

11. Suicide among teenagers is a problem. A survey of Marshallese youth showed that 23 per cent of boys and 17 per cent of girls had attempted suicide in the last year. High school drop-out rates and high levels of juvenile crime, alcohol and drug abuse, teenage pregnancies, STDs and youth suicide suggested low self-esteem and alienation. School curricula often lack relevance to life skills and to preparing students for jobs. However, the Pacific countries have demonstrated a readiness to implement the Convention on the Rights of the Child and to achieve the global goals for children. Therefore, UNICEF cooperation will focus increasingly on a more comprehensive child rights approach.

PROGRAMME COOPERATION, 1992-1996

12. The 1992-1996 Pacific islands programme of cooperation succeeded in shifting from a project orientation in each individual country to a full country programme approach designed in cooperation with national partners. The cooperation was two-pronged, focusing first on processes to foster political commitment, mobilization of partnerships and strengthening of an intersectoral approach to children's problems. As a result, more child-focused programmes have been developed, government and donor resources have been mobilized and many mid-decade goals have been achieved. In countries where government capacities were constrained, greater priority was given to supporting specific projects, e.g. improving immunization coverage in Kiribati, increasing access to sanitation facilities in Vanuatu and Solomon Islands, and promoting health and nutrition in schools in Federated States of Micronesia and Marshall Islands. Supplementary funds made a major positive contribution to these activities.

13. Considerable political support was mobilized for the promotion of women's and children's health and well-being. In 1992, a communiqué of the South Pacific Forum endorsed the goals of the World Summit for Children, urged countries to ratify the Convention on the Rights of the Child and urged regional organizations to support national initiatives to enhance the well-being of children. A 1993 resolution of the South Pacific Conference recommended that all Governments take action to achieve the mid-decade goals. In 1995, with near total ratification of the Convention, the Forum's members again stressed their commitment to its implementation, and the South Pacific Conference called for increased action to address emerging issues affecting youth. A Pacific Platform of Action for the Fourth World Conference on Women was developed, led by the South Pacific Commission, with UNICEF support.

14. This increased commitment is reflected in the development of new situation analyses by multisectoral teams that comprise the National Children's Coordinating Committees (NCCCs). NCCCs are responsible for developing and implementing national programmes of action (NPAs) and for ratification, implementation and reporting on the Convention. Each country focuses on the goals most relevant to its own situation. Increasingly, UNICEF-Pacific cooperation is responding to country-specific goals.

15. UNICEF has strengthened programme partnerships with key regional organizations and external assistance agencies, for example with the South Pacific Commission, the University of the South Pacific and the Pacific Forum. UNICEF continues to have a close relationship with the World Health Organization (WHO), and is also developing collaborative programming with the Food and Agriculture Organization of the United Nations, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA). UNICEF programmes complement those of the United Nations Development Programme (UNDP) through UNDP regional programmes for poverty alleviation, sustainable human development and AIDS.

16. The health programme has contributed to the reduction of under-five mortality and morbidity due to vaccine-preventable diseases. However, the impact of interventions for ARI, diarrhoea and nutrition are less clear. UNICEF has cooperated with WHO, UNFPA, and the United Nations Capital Development Fund on maternal and child health initiatives that have resulted in sustainable, expanded and improved quality of services. All health workers have been trained in CDD and training for ARI control has begun. However, the most substantive, sustainable achievement has been with the expanded programme on immunization (EPI), through which Governments have begun to assume vaccine costs through a vaccine independence initiative.

17. Technical support was provided to family food production activities, particularly for analysing the relationship between food security and nutrition. A vitamin A distribution programme was undertaken in three countries. Intercountry training on the Baby-Friendly Hospital Initiative has been conducted and two facilities accredited. Social mobilization and some supply support was provided to rural sanitation projects.

18. UNICEF has focused on preschool and early primary education and parental involvement because other partners, including the University of the South Pacific, UNESCO, UNDP and bilateral donors, support teacher training, curriculum and policy development, provision of basic resources and development of facilities.

19. National early child care and education associations have been formed, and there is a great sense of community ownership of these programmes in most countries. In partnership with preschool associations, UNICEF helped to develop training materials, up to diploma level, in early child care and education at the University of the South Pacific.

20. Support was also provided to an inter-agency initiative on basic education and life skills aimed at improving the quality of teaching and management in primary schools (involving UNICEF, UNDP, UNESCO, the Australian Agency for International Development (AusAID) and the University of the South Pacific). UNICEF supported the component on mobilization of community participation in basic education. Despite having started more slowly than planned, this project is making some progress. Country-specific materials for community education have been developed and training is ongoing.

21. Social mobilization has been the fundamental strategy for all activities and has created a more enabling environment for the implementation of child-focused programmes. Educational and advocacy materials were developed and training provided to NCCCs. Facts for Life has been translated and made available in most countries.

Lessons learned

22. Mid-term reviews and strategy meetings recommended that given increased government ownership and success in child survival and development, the programme should focus more on mobilization to address new challenges such as child protection, women's health (including reproductive health), HIV/AIDS, the needs of youth and youth participation.

23. More effective advocacy initiatives are needed so that Governments increase resources for programmes. At the same time, however, all partners should focus more systematically on improving weak monitoring systems and data collection as part of monitoring implementation of the Convention on the Rights of the Child.

24. Community involvement in, and empowerment through, the identification of problems, programme planning, implementation and monitoring has not been addressed as effectively as planned. One way of responding is to use the health programmes to gain more knowledge of and to design effective interventions to address maternal mortality. Activities related to HIV/AIDS and a new project on women's reproductive health use strategies for community empowerment and the development of partnerships with non-governmental organizations (NGOs) and other community groups. In the area of education, where effective parental participation in early child care and education programmes still remains low, the proposed programme will employ advocacy and social mobilization strategies to address this problem.

25. Partnerships with other United Nations agencies and with intercountry and national NGOs and institutions are key to refining the future role of UNICEF cooperation. The proposed programme more fully complements those of other donors and should mobilize more government and community partners.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources : $ 7,000,000
Supplementary funding: $14,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	534	3 971	4 505
Education	374	3 596	3 970
Child and youth advocacy	381	2 628	3 009
Monitoring	167	1 284	1 451
Integrated area-based programme	3 335	2 521	5 856
Programme support	2 209	-	2 209
Total	7 000	14 000	21 000

a/ The breakdown for estimated yearly expenditures is given in table 2, which also includes estimated yearly expenditures for each individual country under the integrated area-based programme.

Preparation process

26. A multi-country strategy meeting held in July 1995 was attended by senior government officials from the 13 Pacific island countries. National strategy and programme development workshops were conducted in most countries. Partnerships with key intercountry organizations, United Nations agencies and donors were strengthened throughout the programming exercise. AusAID, the major donor to the Pacific programme, participated at all levels of the preparation process.

27. Country-level consultations included dialogue with donors, intercountry technical and advisory bodies and United Nations agencies in order to identify areas of comparative advantage for UNICEF, ensure complementarity of roles and mobilize and sustain support.

Objectives and strategies

28. The Convention on the Rights of the Child is the framework for all country programmes. To support the Pacific island countries in achieving their specific goals for children, UNICEF will continue to: (a) facilitate the development, implementation and monitoring of national programmes for children and families, leading to the realization of child rights; and (b) sustain national achievements through promotion of the Convention. The objectives of the programme are to: (a) identify and advocate on priority issues affecting children's well-being at all levels of society, based on more reliable data and analysis; (b) work with Governments, NGOs, communities and families to strengthen monitoring of global goals and children's rights; © decentralize programmes at island level and strengthen community-based participation to plan and manage child-focused development activities, including the participation of children; (d) continue to support innovative approaches to child and youth survival, development, protection and participation; and (e) strengthen partnerships with United Nations agencies, regional organizations and institutions and NGOs.

Intercountry and country programmes

29. The Pacific islands programme includes individual country programmes and intercountry programmes. The four intercountry components, which support country priorities, are for health and nutrition; education; child and youth advocacy and planning (described as social mobilization in the country note); and monitoring. The strategy and programme mix in the five individual country programmes will be supported by the intercountry programmes, which will be adjusted continually to respond to country-specific needs.

30. Five priority countries require continued support for child survival issues: the Federated States of Micronesia, Kiribati, Marshall Islands, Solomon Islands and Vanuatu. Specific areas requiring attention are CDD and ARI control in all five countries; malaria (Solomon Islands and Vanuatu); and malnutrition, including vitamin A deficiency (Kiribati, Federated State of Micronesia and Marshall Islands). Where most goals have been achieved, for example, in the Cook Islands, Niue, Palau, Tokelau and Tonga, the programme will focus on child advocacy and assist the NCCCs in child monitoring and the preparation and implementation of NPAs. In Western Samoa, Tuvalu and Fiji, nutrition and education need continued support.

31. Addressing child rights in a holistic manner through integration of the programme components will be enhanced through better targeting of communities and groups identified as most in need, and increased community involvement in programme planning and monitoring.

Health and nutrition

32. UNICEF will continue to work with government health departments, other government agencies, NGOs and United Nations agencies. The programme will support breast-feeding, nutrition activities, control of ARI and CDD, environmental sanitation and, where applicable, malaria control. Community empowerment through education, social mobilization and school health education will be the key strategies used to improve service delivery in these areas. Capacity-building will include training and some supply assistance. General resources for intercountry activities will be used for CDD and ARI training. Supplementary funds will support ongoing nutrition, school health, sanitation and malaria control activities.

33. UNICEF, in close collaboration with WHO, will help to improve EPI delivery and management systems and sustainability through training and support for the progressive implementation of a vaccine independence initiative. UNICEF will continue to support the intercountry vaccine procurement and distribution network, but will stop supplying vaccines. Hepatitis B vaccine is being introduced into EPI schedules with supplementary funding, and by 2001, countries will have assumed those purchase costs. Supplementary funds will be needed to replace outdated cold-chain equipment, which is costly to maintain, and for vaccine independence and hepatitis B activities.

34. The programme will support activities to improve women's reproductive health, using supplementary funding. A pilot project will support the training and provision of delivery kits for local midwives and other community health workers in remote communities. The project will also develop media and other approaches, such as "woman to woman" education, to prevent and provide required support for teenage pregnancies and the prevention of STDs and HIV/AIDS. UNICEF will work in partnership with UNFPA, WHO and NGOs.

35. UNICEF will collaborate closely with national Governments and intercountry partners to develop a more comprehensive nutrition strategy that encompasses food security, caring practices and health care for women and children.

Education

36. The objective of the education programme will be to improve the quality of primary education by empowering communities to better prepare children to participate in primary education. The early child care and education strategy for parental involvement will also help to increase adult literacy and other community education activities. Parental support to preschools is widespread. Preschool education helps children to deal with the low quality of primary education, but many children still drop out between grades one and three. Therefore, UNICEF will continue to support and expand the early child care and education programme through formal and non-formal training programmes for preschool teachers, supervisors and parents; setting of standards for teachers and facilities; establishment of a more systematic structure for training programmes; development of materials and centres of good practice to help promote and expand preschools; and support to national preschool associations.

37. Preschool associations will be mobilized and supported through training of their members. This will help to increase parents' involvement in preschools and primary schools because they will become advocates of better training of first and second grade teachers. Advocacy with preschool associations will help to expand their roles, e.g. monitoring the progress of children during the early primary grades.

38. UNICEF support for basic education will continue, building on the community participation and literacy components currently supported through the

basic education and life skills project. In association with the health and nutrition programme, life skills education will be promoted as part of curriculum development.

39. The programme will continue to strengthen collaboration with UNESCO and the University of the South Pacific and to mobilize bilateral donors to support specific country programmes. General resources will support the basic education programme. Supplementary funds are needed to expand intercountry support and training programmes.

Child and youth advocacy

40. The programme will build or strengthen networks to address a broad range of child and youth concerns, including juvenile justice, child protection, substance abuse, youth sexual health and suicide. The programme will work with Pacific island Governments and NGOs on ways to implement and monitor the Convention on the Rights of the Child. UNICEF will assist NCCCs through advocacy and training related to: (a) child survival, development, protection and participation; (b) mobilization of resources for effective, sustainable youth services; and © identification of community and culturally sensitive partners for activities to promote behaviourial change.

41. The programme will support research and in-depth situation analyses of risk-taking behaviour and its underlying causes. The findings will be disseminated to policy makers and planners, and will be used to strengthen advocacy for increased resources for youth programmes. A youth video documentation project will be expanded. Analyses of the recent United Nations study of HIV/AIDS in the Pacific will be completed. A pilot intervention will develop approaches, materials and test community-based programme activities. Important channels to be used for influencing and involving youth include "youth to youth" education, radio and indigenous communication (theatre, dance groups and song).

42. The strategy includes a strong focus on advocacy and social mobilization to raise awareness of HIV/AIDS among Governments and communities. Operational research on and monitoring of child abuse will be supported through NCCCs. Technical assistance will be provided on juvenile justice issues.

43. The programme will be supported partly by general resources. Some supplementary funds have been raised, but additional contributions will be required.

Monitoring and evaluation

44. UNICEF will assist NCCCs to continue to address issues related to children and women through advocacy and improved data and information systems. A more comprehensive monitoring component will be introduced. UNICEF will provide technical assistance to NCCCs to document and highlight issues related to the Convention on the Rights of the Child and national goals for children. Consultancy services will be provided to help develop standard monitoring and analysis formats for use by NCCCs.

45. Principal themes for advocacy will be greater cooperation among departments and improved quality of data, e.g. disaggregation by age and gender, to enable partner agencies to better target programmes to vulnerable groups. Pilot surveys will identify and solve problems unique to small island nations and obtain specific data related to children's and women's well-being. The programme will develop appropriate, community-based monitoring systems.

46. UNICEF will collaborate with UNDP, UNESCO, UNFPA, WHO, the South Pacific Commission, the University of the South Pacific and NGOs to: (a) assess the availability of required information and identify critical data gaps; (b) develop ways to assure reliable demographic estimates of target groups; and (c) harmonize data collection for all agencies. The monitoring programme will be supported with some general resources, but will require supplementary funding.

47. Evaluation will focus on developing activities to measure the efficacy of such project inputs as communications support, materials and training. These activities also aim to increase the monitoring and evaluation capacities of national partners.

48. The programmes will be monitored on a continuous basis, mainly through field visits by UNICEF and government partners, periodic programme reviews and a mid-term review. Project visits by NCCCs will foster greater integration and interdepartmental cooperation.

Programme management

49. UNICEF assistance will continue to be managed through the aid coordination units of Pacific island Governments, in cooperation with sectoral ministries and NCCCs. A key role of UNICEF staff is to provide appropriate technical and management support to Governments and their partners.

50. UNICEF will continue to participate in inter-agency coordination meetings and will chair task forces established to follow up recommendations from recent international conferences; the task forces will focus on gender participation and women in development and household food security and nutrition. UNICEF will participate in groups on poverty alleviation, education and the group established to support the Joint United Nations Programme on HIV/AIDS. Close collaboration will be maintained with the South Pacific Commission, the Forum Secretariat, the University of the South Pacific, other intercountry institutions and local bilateral donor organizations.

TABLE 1. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1995 a/

COUNTRY: PACIFIC ISLAND COUNTRIES
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $7 150 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1170	293	200	51	163	149	535	195	2069	1803	687	0	2755	1803
Nutrition	102	68	197	81	253	130	368	97	920	0	377	1088	1297	1088
Education	31	0	208	24	76	0	263	168	577	190	192	1114	769	1304
Young child development	103	0	159	0	7	0	144	0	413	75	0	0	413	75
Social mobilization and advocacy	39	117	89	16	137	227	173	274	437	0	634	1037	1071	1037
Programme support	86	0	13	0	598	0	457	-6	1153	1708	-6	0	1147	1708
Integrated area-based programme b/	0	0	0	0	0	0	0	0	0	3374	0	3268	0	6642
GRAND TOTAL	1531	478	866	172	1233	506	1940	727	5569	7150	1883	6507	7452	13657

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 31 December 1995.

b/ Expenditures against integrated area-based programme have been accounted for in the appropriate sectoral programmes.

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TABLE 2

PLANNED YEARLY EXPENDITURES

COUNTRY: PACIFIC ISLANDS
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH AND NUTRITION	GR	152	158	76	84	64	534
	FSF						
	NSF	811	719	814	813	814	3,971
	TOTAL	963	877	890	897	878	4,505
EDUCATION	GR	72	74	75	76	77	374
	FSF						
	NSF	722	718	718	719	719	3,596
	TOTAL	794	792	793	795	796	3,970
CHILD AND YOUTH ADVOCACY	GR	74	75	76	77	79	381
	FSF						
	NSF	525	525	526	526	526	2,628
	TOTAL	599	600	602	603	605	3,009
MONITORING	GR	40	33	32	32	30	167
	FSF						
	NSF	238	333	238	238	237	1,284
	TOTAL	278	366	270	270	267	1,451
PROGRAMME SUPPORT	GR	395	393	474	464	483	2,209
	FSF						
	NSF						
	TOTAL	395	393	474	464	483	2,209
INTEGRATED AREA-BASED - VANUATU	GR	95	95	95	95	95	475
	FSF						
	NSF	128	128	128	128	128	640
	TOTAL	223	223	223	223	223	1,115
INTEGRATED AREA-BASED - SOLOMONS	GR	101	101	101	101	101	505
	FSF						
	NSF	100	100	100	100	100	500
	TOTAL	201	201	201	201	201	1,005
INTEGRATED AREA-BASED-KIRIBATI	GR	121	121	121	121	121	605
	FSF						
	NSF	45	45	45	45	45	225
	TOTAL	166	166	166	166	166	830
INTEGRATED AREA-BASED-MICRONESIA	GR	132	132	132	132	132	660
	FSF						
	NSF	81	82	81	82	82	408
	TOTAL	213	214	213	214	214	1,068
INTEGRATED AREA-BASED-MARSHALL IS.	GR	88	88	88	88	88	440
	FSF						
	NSF	35	35	35	34	34	173
	TOTAL	123	123	123	122	122	613
INTEGRATED AREA-BASED-FIJI	GR	40	40	40	40	40	200
	FSF						
	NSF	40	40	40	40	40	200
	TOTAL	80	80	80	80	80	400

TABLE 2 (continued)

PLANNED YEARLY EXPENDITURES

COUNTRY: PACIFIC ISLANDS
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
INTEGRATED AREA-BASED-W.SAMOA	GR	30	30	30	30	30	150
	FSF						
	NSF	15	15	15	15	15	75
	TOTAL	45	45	45	45	45	225
INTEGRATED AREA-BASED-TUVALU	GR	20	20	20	20	20	100
	FSF						
	NSF	20	20	20	20	20	100
	TOTAL	40	40	40	40	40	200
INTEGRATED AREA-BASED-POLYNESIA	GR	40	40	40	40	40	200
	FSF						
	NSF	40	40	40	40	40	200
	TOTAL	80	80	80	80	80	400
TOTAL	GR	1,400	1,400	1,400	1,400	1,400	7,000
	FSF						
	NSF	2,800	2,800	2,800	2,800	2,800	14,000
	TOTAL	4,200	4,200	4,200	4,200	4,200	21,000

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

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TABLE 3

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PACIFIC ISLANDS
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	534			534	0	0	0	0	0	0	0	0	0	0	135.5	0.0	135.5
EDUCATION	374			374	0	0	0	0	0	0	0	1	0	1	0.0	223.6	223.6
CHILD AND YOUTH ADVOCACY	381			381	0	0	0	0	0	0	0	1	0	1	0.0	223.6	223.6
MONITORING	167			167	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	2,209			2,209	0	0	0	1	0	0	1	0	4	5	1,153.9	406.0	1,559.9
INTEGRATED AREA-BASED - VANUATU	475			475	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED - SOLOMONS	505			505	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-KIRIBATI	605			605	0	0	0	0	0	0	0	0	0	0	140.0	0.0	140.0
INTEGRATED AREA-BASED-MICRONESIA	660			660	0	0	0	0	0	0	0	0	0	0	140.0	0.0	140.0
INTEGRATED AREA-BASED-MARSHALL IS.	440			440	0	0	0	0	0	0	0	0	0	0	140.0	0.0	140.0
INTEGRATED AREA-BASED-FIJI	200			200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-W.SAMOA	150			150	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-TUVALU	100			100	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-POLYNESIA	200			200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR	7,000			7,000	0	0	0	1	0	0	1	2	4	7	1,709.4	853.2	2,562.6
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	3,971	3,971	0	0	0	0	1	0	1	0	1	2	1,018.4	86.1	1,104.5
EDUCATION		0	3,596	3,596	0	0	0	0	0	0	0	0	1	1	280.0	105.0	385.0
CHILD AND YOUTH ADVOCACY		0	2,628	2,628	0	0	0	0	0	0	0	0	1	1	140.0	86.1	226.1
MONITORING		0	1,284	1,284	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED - VANUATU		0	640	640	0	0	0	0	0	0	0	0	0	0	140.0	0.0	140.0
INTEGRATED AREA-BASED - SOLOMONS		0	500	500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-KIRIBATI		0	225	225	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-MICRONESIA		0	408	408	0	0	0	0	0	0	0	0	0	0	140.0	0.0	140.0
INTEGRATED AREA-BASED-MARSHALL IS.		0	173	173	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-FIJI		0	200	200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-W.SAMOA		0	75	75	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-TUVALU		0	100	100	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
INTEGRATED AREA-BASED-POLYNESIA		0	200	200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	14,000	14,000	0	0	0	0	1	0	1	0	3	4	1,718.4	277.2	1,995.6
TOTAL GR & SF	7,000	0	14,000	21,000	0	0	0	1	1	0	2	2	7	11	3,427.8	1,130.4	4,558.2
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		661.1													
		Staffing			0	0	0	1	0	0	1	1	2	4	733.9	431.8	1,165.7

TABLE 3 (continued)

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/									STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GRAND TOTAL (GR+SF+ADM)					0	0	0	2	1	0	3	3	9	15	4,161.7	1,562.2	5,723.9
Number of posts and staff costs:																	
Current programme cycle											4	2	7	13			
At the end of proposed programme cycle (indicative only)											3	3	9	15	4,161.7	1,562.2	5,723.9

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.